Idaho Department of Correction	Standard Operating Procedure Department-Wide General Administration	**Control Number:** 103.00.01.003	**Version:** 1.6	**Page Number:** 1 of 28
		Title: Standard Operating Procedure (SOP) and Directive: Development, Revision, and Management		**Adopted:** 4-6-2012 **Reviewed:** 4-6-2012 **Next Review:** 4-6-2014

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Open to the general public: ☒ Yes ☐ No

If no, is there a redacted version available: ☐ Yes ☐ No

BOARD OF CORRECTION IDAPA RULE NUMBER

None

POLICY CONTROL NUMBER 103

Rules and Policy Management System

DEFINITIONS

Standardized Terms and Definitions List

Control Number: A number assigned to Idaho Department of Correction (IDOC) policies, standard operating procedures (SOPs), directives, field memorandums (FMs), post orders, and their related forms for identification and organizational purposes.

Document Change Request (DCR) Form: A form that is used to request the development of or change to an Idaho Department of Correction (IDOC) policy, standard operating procedure (SOP), directive, or its related form or manual.

Document Change Request (DCR) Number: A number issued by the Idaho Department of Correction (IDOC) policy coordinator and recorded on the Document Change Request (DCR) Form for the purpose of identifying and tracking the movement of an IDOC policy, standard operating procedure (SOP), directive, or its related form or manual until the change request is fully completed.

External Documents or Data: Documents or data not generated by the Idaho Department of Correction (IDOC) or its employees but hyperlinked to, and used to support, an IDOC policy, standard operating procedure (SOP), directive, or its related manual.

IDOC Policy Coordinator: An Idaho Department of Correction (IDOC) Director's Office staff member who is responsible for (a) coordinating Idaho Administrative Procedure Act (IDAPA) rule and IDOC policy-related matters; (b) ensuring that policies, standard operating procedures (SOPs), directives, and their related forms and manuals are developed and managed pursuant to IDOC policy management system guidance; and (c) providing standardized procedures, templates, and other resources for managing field memorandums (FMs) and post orders.

Project Management Tool: An Idaho Department of Correction (IDOC)-approved computer software that may be used for organizing, sharing information, and communicating with others in an assigned workgroup during the development or revision of an IDOC policy, standard operating procedure (SOP), directive, field memorandum (FM), post order, or its related form or manual.

Responsible Manager: The person designated by the director of the Idaho Department of Correction (IDOC), division chief, bureau deputy chief, bureau director, or facility head to manage the content development or revision of an IDOC policy, standard operating procedure (SOP), directive, field memorandum (FM), post order, or its related form or manual.

Subject Matter Expert: The person or persons identified by the responsible manager as having extensive experience and knowledge in a subject, Idaho Department of Correction (IDOC) function, or information technology (IT).

PURPOSE

The purpose of this standard operating procedure (SOP) is to provide guidance on the change management, distribution, implementation, access, retention, and periodic review process for an Idaho Department of Correction (IDOC) SOP, directive, or its related form or manual.

Note: This SOP does not provide guidance for policies. For guidance on policies, see SOP 103.00.01.002, *Policy: Development, Revision, and Management*.

SCOPE

This SOP applies to any IDOC employee **or** contract staff member who:

- Requests a change to an IDOC SOP, directive, or its related form or manual; or
- Writes, edits, formats, reviews, approves, distributes, or retains an IDOC SOP, directive, or its related form or manual.

Note: In February 2006, the IDOC began converting directives to SOPs. As a result, from that date, no new directives will be developed. When a revision of an existing directive is requested, every attempt shall be made to convert it to an SOP.

RESPONSIBILITY

Director of the IDOC

The director of the IDOC (or designee) is responsible for:

- The developmental oversight of this SOP;
- Ensuring that the IDOC policy coordinator practices the guidance and procedure provided herein;
- Concurring with **or** opposing the viewing level of any SOP, directive, or its related form or manual;
- Approving or disapproving any SOP, directive, or its related form or manual; and

- Rescinding any guidance described in section 1.

Division Chief, Bureau Deputy Chief, or Bureau Director

The division chief, bureau deputy chief, or bureau director (as applicable) is responsible for:

- Implementing this SOP and ensuring his employees and contract staff practice the guidance and procedure provided herein;
- Concurring with **or** opposing the viewing level of any SOP, directive, or its related form or manual pertaining to his respective division or bureau;
- Approving or disapproving any SOP, directive, its related form or manual pertaining to his respective division or bureau; and
- Rescinding any SOP, directive, or its related field memorandum (FM), post order, form, or manual pertaining to his respective division or bureau.

Responsible Manager

The responsible manager is responsible for:

- Approving or denying requests to change any SOP, directive, or its related form or manual in which he is assigned to manage its contents;
- Designating an author **and** subject matter experts (as needed) for the development or revision of the assigned SOP, directive, or its related form or manual;
- Ensuring the author's timely development or revision of the assigned SOP, directive, or its related form or manual;
- Conducting the initial review of the draft SOP, directive, or its related form or manual **and** coordinating (with the author) any changes needed;
- Working with the IDOC policy coordinator to make the initial determination of the appropriate viewing level of the newly developed or revised SOP, directive, or its related form or manual; and
- Working with the IDOC policy coordinator to redact (when needed) the SOP, directive, or its related form or manual when it has been determined that it should only be 'open for disclosure in part'. (See section 8.)

IDOC Policy Coordinator

The IDOC policy coordinator is responsible for:

- Overseeing the management and quality control functions for any guidance described in section 1;
- Processing *Document Change Request (DCR) Forms*;
- Ensuring the accurate and timely (when possible) review and distribution of any SOP, directive, or its related form or manual;

- Writing, editing, formatting, reviewing, distributing, and retaining any guidance described in section 1;
- To the extent possible, ensuring that only approved standardized terms and definitions are used in SOPs and their related forms or manuals;
- Coordinating the formal approval of all SOPs, directives, and their related forms or manuals;
- Coordinating the periodic review of all SOPs and their related forms and manuals; and
- As necessary, discussing SOP and directive-related issues (to include making SOP or directive recommendations) with the IDOC's Leadership Team.

Note: The Leadership Team consists of the director of the IDOC, division chiefs, the director's administrative support manager, and others as designated by the director.

Standards and Operating Procedure Review Committee

The Standards and Operating Procedure Review Committee (SOPRC) is responsible for:

- Reviewing all new or revised terms and definitions for inclusion on the approved standardized terms and definitions list;
- Ensuring newly developed or revised SOPs and their related forms and manuals are consistent with IDOC, state of Idaho, and federal government guidance and requirements;
- Ensuring there is no cross-functional impact with the divisions and/or bureaus that do not own the SOP or its related form and manual;
- Ensuring newly developed or revised SOPs and their related forms and manuals are clear and understandable;
- Ensuring newly developed or revised SOPs have performance measures;
- Ensuring newly developed or revised SOPs and their related forms and manuals have an education, training, and implementation plan (when appropriate);
- Making content change **and** improvement recommendations to the author of the SOP or its related form and manual; and
- As necessary, sending SOP and directive-related issues (to include SOP or directive recommendations) to the IDOC's Leadership Team for discussion.

Note: SOPRC will not review directives that have not been converted to SOP format, FMs, post orders, or stand-alone forms and manuals.

Deputy Attorneys General

The deputy attorneys general (DAGs) who represent the IDOC are responsible for:

- Reviewing all newly developed or revised SOPs, directives, and their related forms or manuals to identify that content that may present a risk or liability issue for the IDOC;

- Addressing with the responsible manager **and** IDOC policy coordinator any concerns or issues found with the SOP, directive, and its related form or manual;
- Documenting any unresolved concerns or issues with the SOP, directive, and its related form or manual on the *Document Change Request (DCR) Form* **and** not recommending the document for implementation; and
- Recommending to the responsible manager **and** IDOC policy coordinator a viewing level different from the one initially selected for the SOP, directive, or its related form or manual.

IDOC Quality Assurance Manager

The IDOC quality assurance manager is responsible for:

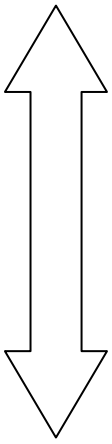
- Tracking and coordinating the approval of SOP and directive deviations (see section 12);
- Coordinating and following up on corrective actions for SOP and directive deviations (see section 12); and
- Making rescission recommendations regarding SOP and directive deviations to the IDOC Quality Council and/or Leadership Team.

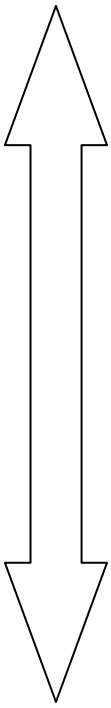
Table of Contents

GENERAL REQUIREMENTS

1. Written Guidance and their Hierarchy

A hierarchical relationship exists between state of Idaho legislation **and** the guidance described herein this section. Excluding Idaho law (i.e., the Constitution of the State of Idaho **and** Idaho Code), the following table defines each guidance and its level of precedence from highest to lowest.

Precedence	Guidance	Distinguishing Features
Highest  Lowest	Idaho Administrative Procedure Act (IDAPA) Rule	• Interprets, orders, and/or implements an Idaho law **or** IDOC policy, SOP, or directive that affects the rights of the general public. • Has the force and effect of law.
	Policy	• Serves as the official communication of IDOC management philosophy regarding IDOC operations, practices, **and** individuals under the authority of the director of the IDOC **and** Idaho Board of Correction. • Serves as a reference for future decision-making. • Does not have the force and effect of law (i.e., does not have the same power as law, but does provide an IDOC-required course of action to follow). • Identified by a three (3) digit control number.
		Note: Also see the note box that is directly below this table.

Precedence	Guidance	Distinguishing Features
Highest  Lowest	SOP **or** Directive	• **SOP** – provides instruction and/or step-by-step procedure for implementing an IDOC policy. • **Directive** – provides instruction for implementing an IDOC policy. • Neither has the force and effect of law (i.e., does not have the same power as law, but does provide an IDOC-required course of action to follow). • Both are identified by a 10 digit control number. **Note:** Also see the note box that is directly below this table.
	Field Memorandum (FM) **and/or** Post Order	• **FM** – provides detailed guidance that is (a) specific to a correctional facility, community work center (CWC), or probation and parole district office, and (b) only used to implement an SOP. • **Post Order** – provides detailed guidance that is specific to a post or area of assignment within the correctional facility, community work center (CWC), or probation and parole district office. **Note**: An FM shall not exist without following a specific SOP.
	SOP or Directive-related Forms **and** Manuals	• **Forms** – used to record and collect information required by the written guidance. • **Manuals** – typically provides more detailed information **or** instruction than what is provided in the SOP (e.g., detailed data entry **or** detailed offender management strategies).

Operational Memorandums

Operational memorandums shall no longer be used as a tool for providing temporary supplemental guidance for SOPs. When it is vital to quickly distribute guidance to IDOC employees, the active (i.e., published on the IDOC's Internet website) SOP must be revised – even when the guidance being added or revised is not the conclusive, final result or goal (e.g., when more time will be needed to fully examine and properly address the issue). In this situation, if there is no active SOP in place, one shall be developed even if the SOP is going to be very basic and not as detailed or thorough as it will ultimately need to be. In either of these situations, the SOP can be continuously revised or improved until a final result or goal is achieved.

2. Management Control vs. Quality Control

Management Control

Management control involves the managing of any guidance (described in section 1) through a standardized process. A standardized management control process is critical in developing consistency and continuity throughout the IDOC – from Central Office to the field. A standardized management control process allows the IDOC to identify the following:

- Who is authorized to approve a change to a guidance;
- Who is responsible for processing change requests for guidance;
- Who is responsible for reviewing and approving guidance;
- How a guidance is distributed and to whom;
- Education, training, and implementation requirements;
- Who may rescind a guidance and how;
- Retention requirements;
- Periodic review requirements; and
- The appropriate use of external documents or data.

For the purpose of this SOP, an IDOC-**controlled guidance** is:

- An SOP, directive, or its related form and manual approved by the final approval authority, which may or may not have an original signature, and filed in a lockable filing cabinet located in the IDOC policy coordinator's office (located at Central Office); **or**
- Published on the IDOC's Internet website **and** watermarked 'copy'.

Note: Prior to 1995, IDOC SOPs and directives typically did not have a signature line or block for the final approval authority to sign.

Note: As of the effective date of this SOP, all IDOC SOPs, directives, and their related forms and manuals on file in the IDOC policy coordinator's office (located at Central Office) shall be watermarked 'copy' **or** stamped 'obsolete' (as appropriate).

Note: Any IDOC employee or contract staff member who elects to download **or** print and maintain a hard copy of an IDOC SOP, directive, or its related form or manual from the IDOC's Internet website shall be responsible for ensuring that he is always using the most current version of the document (see section 10).

Quality Control

Quality control involves the process of ensuring that all guidance (described in section 1) are well-written and standardized in appearance, which includes, but is not limited to, numbering, titling, style, and formatting. SOPRC **and** the IDOC policy coordinator shall have joint responsibility for quality control functions for SOPs and their related forms and manuals. (See the IDOC's *Policy Writing Manual* for additional information.)

3. Requesting the Development or Revision of an IDOC SOP, Directive, or its Related Document

Any IDOC employee or contract staff member may submit a change request to develop or revise an SOP, directive, or its related form or manual.

Note: In February 2006, the IDOC began converting directives to SOPs. As a result, from that date, no new directives will be developed. When a revision of an existing directive is requested, every attempt shall be made to convert it to an SOP.

Document Change Categories

Prior to submitting a *Document Change Request (DCR) Form*, identify the type of change needed.

Emergency: Use to request an immediate, urgent change to an SOP or directive published on the IDOC's Internet website **or** the immediate, urgent development of an SOP. This category shall only be used when there is a safety, security, or liability concern **or** when a change in law dictates an immediate change. Total processing time from request to distribution is typically no more than three (3) business days, but all attempts will be made to process these requests as quickly as possible.

New: Use to request the development of a new SOP or its related form or manual. For the purpose of this category, 'new' pertains to any IDOC SOP or its related form or manual not currently published on the IDOC's Internet website.

Revision: Use to request a revision to an SOP, directive, or its related form or manual currently published on the IDOC's Internet website. (Also see the above note box in this section.)

Administrative: Use to correct minor grammatical or spelling errors; make changes to only an appended or hyperlinked form; repair hyperlinks that are no longer functional; and change from an old formatting standard to the most current formatting standard. This category shall not be used for any type of substantive content change to the SOP, directive, or its related form or manual.

Remove: Use to request the removal of the SOP, directive, or its related form or manual from the IDOC's Internet or Intranet websites. This category may be used when the procedures or guidance provided in the document are no longer practiced **or** when the document has been replaced by another document in its entirety.

How to Submit a Document Change Request (DCR) Form

To submit a change request, **do the following in the order provided**:

- Obtain a *Document Change Request (DCR) Form* from the policy toolkit located on the IDOC's Intranet website.
- Complete section I (the requestor's section) of the *DCR Form*. Ensure that all fields are complete, accurate, and the reason for the change is clear and concise. When requesting a fairly simple revision change to a SOP, directive, or its related form or manual, it may help to refer to the page number, section number, paragraph number, sentence number, bullet number, or table and step number.

- Email the *DCR Form* to the responsible manager for processing (Cc the IDOC policy coordinator), **or** if you are the responsible manager, email the *DCR Form* directly to the IDOC policy coordinator. If you do not know who the responsible manager is, contact the IDOC policy coordinator.

Note: Even though any IDOC employee or contract staff member may submit a change request for the development of a new SOP or its related form or manual, the development of one of these documents will most likely be requested by the director of the IDOC, division chief, bureau deputy chief, or bureau director (as applicable), IDOC policy coordinator, or SOPRC.

4. Processing a Document Change Request (DCR) Form

Responsible Manager Duties

To process a *Document Change Request (DCR) Form*, the responsible manager must complete section II (the responsible manager's section) of the form **and** comply with the following before emailing the IDOC policy coordinator.

Disapproved Change Requests – Email the requestor (Cc the IDOC policy coordinator), **and** clearly state the reason for not approving the change.

Approved Change Requests – If approving an emergency, new, or revision change, do the following:

- Designate an author and subject matter experts (if needed) (see section II of the *DCR Form*),
- Indicate that the change request is approved, and
- Email the *DCR Form* to the IDOC policy coordinator (Cc the requestor).

A request for a revision change may be approved for immediate action **or** for inclusion in the next version of the SOP or its related form or manual. If the revision change is not immediate, the responsible manager must clearly state that in his email.

If approving an administrative **or** remove change, indicate that the change request is approved, **and** email the *DCR Form* to the IDOC policy coordinator (Cc the requestor).

Note: The responsible manager must remember that the affected SOP or directive must be revised prior to the expiration date noted on the *Notice of Policy Deviation* **or** an extension must be sought. (See section 12.)

IDOC Policy Coordinator Duties

To process a *DCR Form*, the IDOC policy coordinator must do the following after receiving an email from the responsible manager.

Disapproved Change Requests – Print and file the *DCR Form* **and** email received from the responsible manager. Retain for one year and then destroy.

Approved Change Requests – If an emergency, new, or revision change is approved, do the following:

- Issue a DCR number; **and** log the DCR number, control number, title, and status of the SOP or directive.
- Ensure that sections I (the requestor's section) **and** II (the responsible manager's section) of the *DCR Form* are completed, **and** section I accurately describes the change (e.g., page, section, paragraph, bullet, and specific error).
- Enter the DCR number on the *DCR Form*, save, and print.
- If applicable, place initial version and revision controls on the Word version of the SOP, directive, or its related form or manual (see the IDOC's *Policy Writing Manual* for additional information).
- As applicable, email the Word version of the SOP; directive; and/or its related form or manual; *DCR Form;* **and** appropriate templates to the author. (The process continues at section 6.)

Note: A document change request (DCR) number must never be assigned twice. If a DCR number needs to be cancelled, remove the entire entry from the log, and close out the *DCR Form*.

Note: If the responsible manager indicates that the revision change is not immediate, the IDOC policy coordinator will only need to complete the above first three (3) bulleted steps, and then file the *DCR Form* until the SOP's periodic review is due.

If an administrative change is approved, do the following:

- Issue a DCR number; **and** log the DCR number, control number, title, and status of the SOP or directive.
- Ensure that sections I (the requestor's section) **and** II (the responsible manager's section) of the *DCR Form* are completed, **and** section I accurately describes the change (e.g., page, section, paragraph, bullet, and specific error).
- Enter the DCR number on the *DCR Form*, complete section III (the author's section) of the form, save, and print.
- Place initial version and revision controls on the Word version of the SOP, directive, or its related form or manual (see the IDOC's *Policy Writing Manual* for additional information).
- Complete the work.
- Skip to section 7.

If a remove change is approved, do the following:

- Issue a DCR number; **and** log the DCR number, control number, title, and status of the SOP or directive.
- Ensure that sections I (the requestor's section) **and** II (the responsible manager's section) of the *DCR Form* are completed, **and** section I accurately describes the reason why the SOP, directive, or its related form or manual should be made obsolete and removed from publication and circulation.
- Enter the DCR number on the *DCR Form*, save, and print.
- Skip to section 7.

5. Use of External Documents or Data

When external documents or data are used to support IDOC SOPs, directives, and their related manuals, the author of the IDOC SOP, directive, or its related manual must ensure that no changes are made to the external documents or data without the approval of the document or data's owner. The author must ensure that the IDOC SOP, directive, or its related manual properly cites and references the external documents or data **and** provides information on from where and/or from whom the external documents or data came. (See the IDOC's *Policy Writing Manual* for examples of how to properly cite and reference.) If external documents or data are obtained from a website, any reference of the documents or data in the IDOC SOP, directive, or its related manual must be hyperlinked to the website's base address.

Note: Because agencies and businesses frequently update (add and remove) documents and data maintained on their websites, authors shall only use the base address when hyperlinking. Authors shall also use the specific title of the external document or data when referencing so that in the event the agency or business removes the document or data from their website, the document or data may be found via that website's 'search' or 'archives' feature.

6. Development or Revision of an IDOC SOP, Directive, or its Related Document

The following process steps will be to develop or revise only SOPs, directives, and their related forms and manuals. Prior to beginning the following process steps, all IDOC employees playing a part in the development or revision of the document shall, at a minimum, review all preceding sections of this SOP.

Note: In February 2006, the IDOC began converting directives to SOPs. As a result, from that date, no new directives will be developed. When a revision of an existing directive is requested, every attempt shall be made to convert it to an SOP.

Functional Roles and Responsibilities	Step	Tasks
Author	**1**	• **If needed**, set up a workgroup in the IDOC-approved *project management tool*, **and** post the Word version of the document. • Perform the work described on the *DCR Form*. • Work with the subject matter experts **and** responsible manager to complete the draft document. **Note:** The workgroup should consist of the subject matter experts **and** responsible manager identified on the *DCR Form*. **Note:** Each time a draft is completed, change the revision number of the document. (See the IDOC's *Policy Writing Manual* for additional information.)

Functional Roles and Responsibilities	Step	Tasks
Author	**2**	• Edit the draft document for correct spelling, grammar, punctuation, standardized terms and definitions, and formatting. (See the IDOC's *Policy Writing Manual* for additional information.) • Update section III (the author's section) of the *DCR Form*, **and** email the form **and** draft document to the IDOC policy coordinator. **Note:** Standardized terms and definitions can be found in the policy toolkit located on the IDOC's Intranet website. Any deviation from the terms, definitions, or formatting standards must be approved by the IDOC policy coordinator.
IDOC Policy Coordinator	**3**	• Save the *DCR Form* **and** draft document. • Log any new identifying information (e.g., new control number, new title, and new revision number). • Check the draft document to ensure that the IDAPA rule number (if applicable) **and** control number (if applicable) are appropriate for the document, **and** correct as needed. • Ensure that any definitions used in the draft document are from the approved, standardized terms and definitions list (see the policy toolkit located on the IDOC's Intranet website). **Note:** If a non-approved term or definition was used in the draft, check with the author to see if it was an oversight **or** if it was intentional, **and** correct as needed. If it was intentional, check for conflicts with other guidance (described in section 1 of this SOP) and be prepared to discuss the conflicts with SOPRC.
IDOC Policy Coordinator	**4**	• Edit the draft document for spelling, grammar, and punctuation errors. • Check the document to see if the title is reflective of the overall contents of the document, **and** correct as needed. • Check each section of the document to see if the section headings are reflective of the section's content, **and** correct as needed. • Check the document for flow, **and** correct as needed. • Check the document for use of standardized styles and formatting, **and** correct as needed.

Functional Roles and Responsibilities	Step	Tasks
IDOC Policy Coordinator	**5**	• Save the draft document as a final document. • Convert the final document to portable document format (PDF) and save. • Schedule the final document for formal approval. (The process continues at section 7 of this SOP.)

7. Formal Approval of an IDOC SOP, Directive, or its Related Document

The level of formal approval needed will depend on the type of change identified on the *Document Change Request (DCR) Form* **and** who is the final approval authority.

- When an SOP, directive, or its related form or manual applies to more than one division, the director of the IDOC shall be the final approval authority.
- When an SOP, directive, or its related form or manual applies to more than one bureau in the division, the bureau division chief **or** bureau director (as applicable) shall be the final approval authority.
- At the division chief's discretion, the bureau deputy chief **or** bureau director (as applicable) shall have final approval authority for SOPs, directives, and their related forms and manuals that are specific to the deputy chief's **or** bureau director's bureau.

Functional Roles and Responsibilities	Step	Tasks
IDOC Policy Coordinator	**1**	• **Emergency Change (initial approval)** – Attach the *DCR Form* to the portable document format (PDF) version of the document **and** hand-deliver it to the appropriate final approval authority. (The process skips to step 8.) • **Emergency (post approval), New, or Revision Change** – Schedule the document for SOPRC review, **and** email the PDF version of the document to SOPRC a minimum of five (5) business days prior to the meeting. (The process continues with step 2.) • **Administrative or Remove Change** – Convert the Word version of the document to a PDF version, attach the *DCR Form* to the PDF version, **and** hand-deliver it to the responsible manager for review and approval. (The process skips to step 4.) **Note:** When scheduling the document for SOPRC review, notify the author of the meeting date **and** coordinate his attendance.

Functional Roles and Responsibilities	Step	Tasks
SOPRC	**2**	Review the document and ensure that: • The document is consistent with IDOC, state of Idaho, and federal government guidance and requirements; • There is no cross-functional impact (a responsibility of the non-owning divisions and/or bureaus); • The document is clear and understandable; • The need for performance measures is considered; and • When applicable, a training and/or education plan is appended to the SOP. (SOPRC must ensure that the IDOC's Training Unit director (or designee) reviews all plans prior to submitting the document to the final approval authority.)
		Note: SOPRC will recommend the document for approval **or** additional work. SOPRC may approve the document with the agreement that the IDOC policy coordinator will make any changes agreed to during the meeting. If additional work is requested, SOPRC must ensure that the author understands what additional work is needed. Also see the note box at the end of this table.
IDOC Policy Coordinator	**3**	**Additional Work Needed** • Place revision controls on the Word version of the document. (See the IDOC's *Policy Writing Manual* for additional information.) • Email the Word version of the document **and** *DCR Form* to the author. (The process returns to section 6 of this SOP.) **Document Approved** • Complete section IV (SOPRC's section) of the *DCR Form*. • Log the status of the document. • Hand-deliver the *DCR Form* **and** PDF version of the document to the responsible manager for review and approval.

Functional Roles and Responsibilities	Step	Tasks
Responsible Manager	**4**	Complete section V. A. (final approval section, responsible manager's review) of the *DCR Form*. • Select the proper viewing level for the document in accordance with section 8 of this SOP. • **If approving the document** – sign the *DCR Form* and hand-deliver the *DCR Form* **and** PDF version of the document to the IDOC policy coordinator. • **If not approving the document** – do not sign the *DCR Form*. Hand-deliver the *DCR Form* **and** PDF version of the document to the IDOC policy coordinator **and** discuss any issues, concerns, errors, etc. (You may decide to discontinue and end the process at this step.)
		Note: If the document was already published in accordance with emergency change (initial approval) processes, the final approval authority will have already selected a viewing level in accordance with section 8 of this SOP.
IDOC Policy Coordinator	**5**	**Document Not Approved** • Determine the appropriate step needed to address the issue, concern, error, etc., and keep the document moving forward. (The responsible manager may have decided in step 4 to discontinue and end the process.) **Document Approved** • Log the status of the document. • Hand-deliver the *DCR Form* **and** PDF version of the document to the DAGs for a legal review.
		Note: There is no need for the DAGs to review an administrative or remove change, so proceed to step 8.
Deputy Attorneys General (DAG)	**6A**	Complete section V. B. (final approval section, deputy attorneys general review) of the *DCR Form*. • Review the document for legal risks or liabilities. • Review the viewing level recommended by the responsible manager. • Sign the *DCR Form*. (Your signature only indicates that the legal review was accomplished.) • Hand-deliver the *DCR Form* **and** PDF version of the document to the IDOC policy coordinator.

Functional Roles and Responsibilities	Step	Tasks
Deputy Attorneys General (DAG)	**6B**	**Note:** If risk or liability issues exist, discuss them with the responsible manager. If the responsible manager decides not to make changes to address the issues, do not recommend the document for implementation, **and** document that decision on the *DCR Form*. **Note:** If in disagreement with the selected viewing level, see section 8 of this SOP and discuss with the responsible manager and IDOC policy coordinator. If the responsible manager disagrees and decides not to change the viewing level, oppose the viewing level, **and** document that decision on the *DCR Form*.
IDOC Policy Coordinator	**7**	• Log the status of the document. • Hand-deliver the *DCR Form* **and** PDF version of the document to it to the appropriate final approval authority. (See section 7 of this SOP for details.) **Note:** If the DAG did not recommend the document for implementation **or** oppose the viewing level recommended by the responsible manager, brief the final approval authority.
Final Approval Authority	**8**	Complete section V. C. (final approval section, final approval authority's review) of the *DCR Form*. • Concur with or oppose the viewing level selected for the document in accordance with section 8 of this SOP. • **If approving the document** – sign the *DCR Form* and hand-deliver the *DCR Form* **and** PDF version of the document to the IDOC policy coordinator. • **If not approving the document** – do not sign the *DCR Form*. Hand-deliver the *DCR Form* **and** PDF version of the document to the IDOC policy coordinator **and** discuss any issues, concerns, errors, etc. (You may decide to discontinue and end the process at this step.) **Note:** If the document is an emergency change (initial approval), you will need to select a viewing level in accordance with section 8 of this SOP. **Note:** If you disagree with the viewing level selected by the responsible manager and/or DAG, see section 8 of this SOP and record a new viewing level on the *DCR Form*.

Functional Roles and Responsibilities	Step	Tasks
IDOC Policy Coordinator	**9**	**Document Not Approved** • Determine the appropriate step needed to address the issue, concern, error, etc., and keep the document moving forward. (The final approval authority may have decided in step 8 to discontinue and end the process.) **Document Approved** Remove Change • Close out the *DCR Form* (e.g., remove the entire entry from the tracking log and, if applicable, the periodic review log). • Ensure that the obsolete document is archived in accordance with section 14 of this SOP. • Send a broadcast email to all IDOC employees and select contract staff to inform them that the document has been removed from the IDOC's Internet website, is now obsolete, and must not be used any longer. All Other Changes • Distribute the document in accordance with section 9 of this SOP.

Note: SOPRC will only review emergency, new, or revision changes. If there are issues between SOPRC members that cannot be resolved, the IDOC policy coordinator will first work with the disagreeing members to try to find a resolution before seeking IDOC Leadership Team instruction.

Note: When an SOP, directive, and/or its related form or manual has been submitted to the IDOC policy coordinator as an emergency, new, or revision change, **and** it has been **one year or less** since SOPRC last reviewed the document, the IDOC policy coordinator will highlight the new changes, **and** email the PDF version of the document to SOPRC for response/comment. The IDOC policy coordinator will ask SOPRC to respond/comment within two (2) business days, **and** it will be up to the individual member to request that the document be scheduled for a regularly scheduled SOPRC review. If a regularly scheduled SOPRC review is not requested, the IDOC policy coordinator will immediately forward the document to the final approval authority.

8. How to Determine Proper Viewing Level

Due to the IDOC's commitment to being a transparent agency, the responsible manager **and** the IDOC policy coordinator shall work together to make the initial determination as to what the appropriate viewing level for the SOP, directive, and/or its related form or manual should be. Viewing levels shall be determined using the parameters established in section 16.

When it is determined that the document should be 'exempt from disclosure' (see section 16), the responsible manager **or** IDOC policy coordinator shall provide a brief explanation on the *DCR Form* as to why a redacted version will not be made available.

Example Language for DCR Form: This SOP provides detailed transport and firearms requirements, which if disclosed could jeopardize both public safety and the safety of IDOC transport officers. This exempt from disclosure decision has been determined in accordance with Idaho Code 9-340B(4)(a)(iii) and IDAPA 06.01.01, rule 108.04.a.iii.

To help assist with validating and documenting 'exempt from disclosure' decisions on the *DCR Form*, any combination of the following guidance may be used:

- Manual, *Disclosure of Idaho Department of Correction Records under the Idaho Public Records Act*.
- Policy 108, *Public Access to Records.*
- IDAPA 06.01.01, section 108.
- Idaho Code, section 9-340B.

9. Distribution

When the SOP, directive, and/or its related form or manual has been signed by the final approval authority and is ready for distribution, **the IDOC policy coordinator shall do the following, in the order provided**:

- Locate the Word version of the document; update the 'reviewed', 'next review', **'**signature on file' **and** 'last updated' dates (as applicable); save the document and convert it to PDF (if appropriate); and save the PDF version of the document. (If a periodic review was conducted **and** no changes were needed, update only the 'reviewed', 'next review', or 'last updated' dates, as applicable. A new 'signature on file' date will not be necessary.)
- Watermark the PDF version of the document 'copy', save it, **and** upload a copy on the IDOC's Internet website. (Also see the below note box.)
- Print the watermarked 'copy' of the PDF version of the document, **and** file the document **and** *DCR Form* in a lockable filing cabinet located in the IDOC policy coordinator's office (located at Central Office). (The *DCR Form* must have original signatures **and** must be affixed to the document.)
- Ensure that the obsolete document is archived in accordance with section 14.
- Remove all working copies (e.g., those watermarked **or** saved as 'workingcopy', 'review only', 'SOPRC review' and 'route for approval') from the electronic file system.
- Close out the *DCR Form* (e.g., remove the entire entry from the tracking log, **and** update the periodic review log.)
- Send a broadcast email to all IDOC employees and select contract staff to inform them that a new or revised document has been published and is ready for implementation.

Note: If the SOP, directive, and/or its related form or manual was already published in accordance with emergency change (initial approval) processes — Upon completing all of the above steps, the IDOC policy coordinator may or may not schedule the document for formal approval (see the note box below the table in section 7.)

10. Access

IDOC SOPs, directives, and their related forms and manuals will be accessible to all IDOC employees **and** select contract staff. (See section 16 for important disclosure rules.) The director of the IDOC, division chief, bureau deputy chief, or bureau director (as applicable) may grant a contract staff member access to IDOC documents by submitting a request for support or services to the Information Technology (IT) Unit in accordance with SOP 141.03.04.005, *IT Help Desk: Request for Support, Services, and Resolution*.

Any IDOC employee **or** contract staff member who falls within the scope of the SOP, directive, or its related form or manual will be responsible for ensuring they are always using the active document (i.e., the document published on the IDOC's Internet website). It shall be the responsibility of the affected employee or contract staff member to read and understand the document. At their discretion, supervisors may elect to have affected employees and contract staff acknowledge their awareness of the new document **or** revised information.

Note: The IDOC policy coordinator will always inform IDOC employees and select contract staff when a new version of the SOP, directive, or its related form or manual is available on the IDOC's Internet website.

11. Implementation

Once the final approval authority signs the *Document Change Request (DCR) Form*, the SOP, directive, or its related form or manual shall be ready for implementation. When the *DCR Form* is signed, the IDOC policy coordinator will distribute the document in accordance with section 9. Affected IDOC employees, contract staff, and facilities shall implement the document within 30 days of being published on the IDOC's Internet website. In the event IDOC employees, contract staff, **or** facilities cannot meet the 30 day implementation timeframe, the director of the IDOC **or** division chief (as applicable) may grant a *Notice of Policy Deviation* (see section 12).

Note: From the effective date of this SOP, any SOP, directive, or its related form or manual that has not gone through the formal approval process (see section 7) **and** distribution process (see section 9) shall not be implemented. Directives that are not converted to SOP formatting standards are not subject to an SOPRC review.

12. Deviation from SOP or Directive

SOP and directive deviations are the most efficient tools for addressing unexpected or unusual SOP or directive needs for a predetermined period of time for the purpose of allowing a problem or issue to be solved. Deviations allow entities (e.g., correctional facilities, community work centers, probation and parole district offices, or a specific unit or section) to deviate from a documented SOP or directive in a defined manner **and** revise the actual affected SOP or directive before the deviation expires. (A deviation shall be specific

to only that entity.) Deviations may be approved for a 'temporary' or 'permanent' duration. The following are examples of when a deviation may be needed:

- When an entity cannot (for legitimate reasons) meet implementation requirements and additional time is needed to fully come into compliance with the SOP or directive **or** a specific section or provision of the SOP or directive.
- When there is a legitimate need or reason to allow an act or thing that is not allowed per the SOP. (E.g., to allow an alternate method, process, item, or supplier not expressly allowed.)
- When there is a legitimate need or reason to give the entity immunity from following the SOP or directive **or** a specific section or provision of the SOP or directive. (E.g., to free the entity from meeting a requirement without insisting that an alternate method or process be implemented.)

When approved, a deviation must (a) contain an effective date, (b) expire 90 calendar days from the effective date (unless a 'permanent' duration is approved), and (c) not have the expiration date extended without the IDOC director's (or acting IDOC director's) approval. When approved, expiration date extensions may be granted for one time only, may run for an additional 90 calendar days, and will require that a new *Notice of Policy Deviation* be issued.

Note: The IDOC director (or acting IDOC director) must approve all extensions.

If the *Notice of Policy Deviation* requests a 'permanent' deviation, it will require a heightened level of review and approval. When approved, the 'permanent' deviation will require the division chief's (or acting division chief's) signature **and** the IDOC director's (or acting director's) signature.

Note: Both 'temporary' and 'permanent' deviations may be rescinded at any time in accordance with section 13.

A *Notice of Policy Deviation* will only require a DAG review (for legal risks or liabilities) prior to the IDOC policy coordinator (located at Central Office) making it available to staff (i.e., deviations will not require an SOPRC **or** responsible manager review as described in section 7).

The IDOC policy coordinator **and** IDOC quality assurance manager (both located at Central Office) shall jointly track all deviation expiration dates **and** when the deviation has expired, the IDOC policy coordinator shall archive the *Notice of Policy Deviation* as described in section 14.

Functional Roles and Responsibilities	Step	Tasks
Facility Head (or Designee)	**1**	• Complete a *Notice of Policy Deviation*; and • Email it to the IDOC quality assurance manager. **Note:** If needed, a *Notice of Policy Deviation (Supplemental Sheet)* may be used.

Functional Roles and Responsibilities	Step	Tasks
IDOC Quality Assurance Manager	**2**	As soon as possible, but within three (3) working days of receiving the facility head's (or designee's) email, • Issue a deviation number, record it on the *Notice of Policy Deviation,* and save the *Notice of Policy Deviation;* • Log the affected SOP's or directive's identifying information (e.g., control number, version number, document title, and type of deviation being requested); and • Forward the email (with the updated *Notice of Policy Deviation* attached) to the appropriate division chief (or acting division chief).
Division Chief (or Acting Division Chief)	**3**	• **1st request, 'temporary' deviation** – approve or disapprove the deviation and hand-deliver the signed *Notice of Deviation* to the IDOC quality assurance manager. (The process skips to step 5.) • **1st request, 'permanent' deviation** – jointly meet and consult with the IDOC Leadership Team **and** IDOC quality assurance manager to discuss whether or not to approve the deviation. Recommend the deviation for approval or disapproval, **and** hand-deliver the signed *Notice of Policy Deviation* to the IDOC director (or acting director) for final approval or disapproval. (The process continues with step 4.) • **2nd request, 'temporary' deviation** – recommend the deviation for approval or disapproval, **and** hand-deliver the signed *Notice of Policy Deviation* to the IDOC director (or acting director) for final approval or disapproval. (The process continues with step 4.) **Note**: See section 12 for more information regarding 'effective' and 'expiration' date **and** approval criteria.
IDOC Director (or Acting Director)	**4**	• Approve or disapprove the deviation; and • Hand-deliver the signed *Notice of Policy Deviation* to the IDOC quality assurance manager. **Note**: See section 12 for more information regarding 'effective' and 'expiration' date **and** approval criteria.

Functional Roles and Responsibilities	Step	Tasks
IDOC Quality Assurance Manager	**5**	• Ensure the signed *Notice of Policy Deviation* reflects 'effective' and 'expiration' dates that are appropriate for a 'temporary' or 'permanent' deviation; • Log the status and 'expiration' date of the deviation; and • Hand-deliver the signed *Notice of Policy Deviation* to the DAGs for a legal review. **Note**: See section 12 for more information regarding 'effective' and 'expiration' date, approval, **and** routing criteria.
Deputy Attorneys General (DAG)	**6**	• Review the *Notice of Policy Deviation* for legal risks or liabilities. • Recommend or do not recommend implementation. • Sign the *Notice of Policy Deviation*. (Your signature only indicates that the legal review was accomplished.) • Hand-deliver the *signed Notice of Policy Deviation* to the IDOC quality assurance manager. **Note:** If risk or liability issues exist, send a privileged (non-email) communication to the IDOC quality assurance manager (located at Central Office) to document your concerns.
IDOC Quality Assurance Manager	**7**	• Update your log and begin tracking the deviation to ensure (a) the noted corrective action takes place to include ensuring that the facility head (or designee) requests a revision change for the SOP or directive in accordance with section 3, **and/or** (b) the deviation is rescinded and the IDOC policy coordinator removes it from on the IDOC's Internet website in accordance with step 9; and • **If the deviation was approved and the DAG recommends implementation** – hand-deliver the *Notice of Policy Deviation* that has the original signatures to the IDOC policy coordinator; **or** • **If the deviation was not approved** – end the process here. **Note:** If the DAG informs you that risk or liability issues exist, discuss the privileged communication with the appropriate division chief (or acting division chief) in order to determine whether or not to proceed with making the *Notice of Policy Deviation* available to staff. Do not deliver the signed *Notice of Policy Deviation* to the IDOC policy coordinator until the issues are resolved.

Functional Roles and Responsibilities	Step	Tasks
IDOC Policy Coordinator	**8**	• Scan the *Notice of Policy Deviation* into a PDF version, watermark the PDF version 'copy', save it, **and** upload it on the IDOC's Internet website; • Overlay the affected SOP or directive with a *Deviation Alert Cover Sheet*, and hyperlink the PDF version of the *Notice of Policy Deviation* to the cover sheet; • Send a broadcast email to all IDOC employees and select contract staff to inform them that a deviation has been approved **and** published on the IDOC's Internet website; and • Affixed the *Notice of Policy Deviation* that has the original signatures to the affected SOP or directive, **and** file both documents in a lockable filing cabinet located in your office.
IDOC Policy Coordinator **and** **IDOC Quality Assurance Manager**	**9**	• **IDOC policy coordinator task only** – on a weekly basis, (a) check with the IDOC quality assurance manager to identify those deviations that have expired or been rescinded, and (b) as applicable, send a broadcast email to all IDOC employees and select contract staff to inform them that the deviation is no longer in effect and has been removed from the IDOC's Internet website. • **IDOC quality assurance manager task only** – report data and provide updates to the IDOC Quality Council and/or Leadership Team regarding the status of any corrective action taken or still outstanding; and make deviation rescission recommendations to the Quality Council **and/or** Leadership Team.

13. Rescinding

When the director of the IDOC determines that a specific correctional practice or procedure is no longer in the best operational interest of the IDOC, the director may rescind the IDOC SOP, directive, or its related form or manual.

The division chief, bureau deputy chief, or bureau director (as applicable) may rescind any SOP, directive, and/or its related form or manual pertaining to his respective division or bureau.

Any SOP, directive, and/or its related form or manual that is rescinded shall be processed as a remove change (see section 3).

14. Retention

Pursuant to the state of Idaho's *Records Management Guide*, appendix 9, administrative records, section SG0030, "policies and procedures that govern the operation and administration of various programs within the organization" shall be permanently maintained.

In order to meet the state of Idaho's records retention criteria, **the IDOC policy coordinator must ensure the following:**

- That superseded/obsolete SOPs, directives, and their related forms (to include the approved *Notice of Policy Deviation*) and manuals are not destroyed; a copy of the superseded/obsolete document (**and** the associated *Document Change Request (DCR) Form* that has original signatures) must be retained.
- That the superseded/obsolete document, which may or may not have an original signature, is filed in a lockable filing cabinet located in the IDOC policy coordinator's office (located at Central Office).

Note: Prior to 1995, directives typically did not have a signature line or block for the final approval authority to sign. In the case of a directive that does not have an original signature but needs to be archived, a copy of that document shall suffice.

15. Periodic Reviews

Periodic reviews ensure IDOC SOPs and their related forms and manuals are reviewed **and** updates are made on a regular basis. Active SOPs and their related forms and manuals (i.e., those published on the IDOC's Internet website) shall be reviewed for a possible revision or other change at least once every two (2) years.

Note: The related form and manual will not reflect a periodic review date (e.g., a 'next review' date) like the SOP. As a result, the related form or manual will most often be reviewed at the same time as the associated SOP.

Initiators

Periodic reviews will most often be initiated by the IDOC policy coordinator; however, any of the following IDOC employees may initiate a periodic review:

- Subject matter expert (or responsible manager);
- Corrections Integrated System (CIS) coordinator (Operations or Management Services Division);
- DAG; or
- Division chief, bureau deputy chief, or bureau director (as applicable).

Note: When the periodic review is initiated by an IDOC employee indicated in the above bulleted list, that employee shall first contact the IDOC policy coordinator for a preliminary assessment of formatting and standardization needs. Periodic reviews shall be documented on the *Policy Periodic Review Form*.

Reviewers

The primary purpose of periodic reviews is to identify issues that may cause the SOP or its related form or manual to be revised or changed, such as:

- Changes in operating practices;
- Changes to make procedural processes more efficient;
- Changes to meet new statutory or regulatory requirements;

- Changes to meet new court mandates;
- To add, correct, replace, or remove titles and hyperlinks to other documents; or
- To correct formatting or standardize language in order to stay consistent with other documents.

The periodic review for a specific SOP or its related form or manual must be completed within 30 business days after the 'next review' date reflected on the active SOP. Periodic reviews will most often be reviewed by the following:

- IDOC policy coordinator;
- Subject matter expert (or responsible manager);
- CIS coordinator (Operations or Management Services Division);
- DAG; or
- Division chief, bureau deputy chief, or bureau director (as applicable).

Note: It may not be necessary for each of the IDOC employees indicated in the above bulleted list to conduct a periodic review (e.g., when an SOP or its related form or manual does not contain any CIS process steps). However, it is the responsibility of each reviewer to consider that there may be issues that the next reviewer is aware of that would require a revision or other change.

When the *Policy Periodic Review Form* has been completed, the initiator of the periodic review will be responsible for returning the completed *Policy Periodic Review Form* to the IDOC policy coordinator for filing. If a revision or other change is needed to the SOP or its related form or manual, the initiator shall also be responsible for submitting a *Document Change Request (DCR) Form* in accordance with section 3. Prior to submitting the *DCR Form*, the initiator shall check with the IDOC policy coordinator to see if there are any open change requests for that particular SOP or its related form or manual that can be combined.

IDOC Policy Coordinator Duties

To meet the criteria noted in this section, **the IDOC policy coordinator shall do the following:**

- Establish and maintain a periodic review schedule for all SOPs developed or revised since September, 2005.
- At least 14 business days prior to the 'next review' date reflected on the active SOP, notify the responsible manager that the SOP is coming due its periodic review.
- Check the locked files for any revision change requests that were approved but placed on hold until the SOP's next 'review' date **and** inform the subject matter expert (or responsible manager). (Multiple change requests may be combined into a single request. For any change request placed on hold, the request will need to be processed in accordance with section 4.)
- Check all hyperlinks in the SOP and its related form and manual to ensure they are still functional. If a hyperlink is no longer functional **or** an external document

or data are no longer maintained on the external entity's website, request an administrative change in accordance with section 3 so that the link can be corrected or repaired **or** the external document or data can be removed and/or replaced with a new external document or data. (For additional information on external documents or data, see section 5.)

- Attach the completed *Policy Periodic Review Form* to the SOP or its related form or manual that is on file and file it. For example, a review form that was done for version 2.2 of a specific SOP must be attached to the on-file copy of version 2.2 of that specific SOP.
- **If no changes are/were needed**, update only the 'reviewed', 'next review', or 'last updated' date reflected on the SOP or its related form or manual **and** prepare it for distribution in accordance with section 9.

16. Disclosure

In an effort to be a transparent agency and to be fully compliant with Idaho public records law, all IDOC SOPs and their related forms and manuals shall be managed and may be made available on the IDOC's Internet website as follows.

Open for Public Disclosure in Full

The IDOC has determined that, if released, none of the document's content would jeopardize safety and security. If a document is 'open for public disclosure in full' any of the following acts are allowable:

- Any IDOC employee or contract staff member may provide an offender **or** the general public access to the document;
- Any IDOC employee or contract staff member may provide an offender **or** the general public a copy of the document; and
- The general public may download and/or print a copy of the document from a non-IDOC computer.

Open for Public Disclosure in Part

The IDOC has determined that, if released, some of the document's content could jeopardize safety and security. If a document is 'open for public disclosure in part', only the IDOC policy coordinator shall redact the document and publish it on the IDOC's Internet website. Access to **or** a copy of only the redacted document may be provided to offenders and the general public as described above in the subsection titled 'Open for Public Disclosure in Full'.

Note: Redacted documents are controlled. No IDOC employee or contract staff member, other than the IDOC policy coordinator, shall take it upon himself to redact a document and provide it to an offender or the general public. Any IDOC employee or contract staff member in violation of this protective measure could face corrective or disciplinary action in accordance with SOP 205.07.01.001, *Corrective and Disciplinary Action*.

Exempt from Disclosure

The IDOC has determined that, if released, the document's content could jeopardize safety and security. If a document is 'exempt from disclosure' it shall not be released to an offender **or** the general public without an order of the 4th Judicial District Court of the state of Idaho.

Note: Exempt documents are controlled. Only IDOC employees and select contract staff shall have access to exempt documents. When an exempt document is accessed by an IDOC employee or select contract staff member via the IDOC's Internet website, the following message will appear: "*This document is for staff use only. Do not release it to offenders or the general public. A redacted version of this document may be available for release to offenders and the general public*." When this message appears and there has been a request for access to **or** a copy of the document, the IDOC employee or contract staff member shall always check to see if there is a redacted version of the document available that can be released. If a redacted version of the document is not available, the IDOC employee or contract staff member shall not release it! (Redacted versions of documents can be identified on the IDOC's Internet website from the alphabetized table of contents or via the 'policy search' feature.) Any IDOC employee or contract staff member in violation of this protective measure could face corrective or disciplinary action in accordance with SOP 205.07.01.001, *Corrective and Disciplinary Action*. Also see the note box in the above subsection titled 'Open for Public Disclosure in Part'.

REFERENCES

Department Manual, *Disclosure of Idaho Department of Correction Records under the Idaho Public Records Act*

Document Change Request (DCR) Form

Idaho Codes, Sections 9-337 thru 9-350 (Idaho Public Records Law)

Idaho Department of Correction, *Policy Writing Manual*

IDAPA 06.01.01, *Rules of the Board of Correction*, Section 108, Idaho Public Records Act

Notice of Policy Deviation

Notice of Policy Deviation (Supplemental Sheet)

Policy 108, *Public Access to Records*

Policy Periodic Review Form

Standard Operating Procedure 141.03.04.005, *IT Help Desk: Request for Support, Services, and Resolution*

Standard Operating Procedure 205.07.01.001, *Corrective and Disciplinary Action*

State of Idaho, Department of Administration (www.adm.idaho.gov)

State of Idaho, Department of Administration, *Records Management Guide*

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